

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Araron Bernard Adams</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Potterville</i>		Town <i>Potterville</i>		County <i>Montgomery</i>	
Date of death <i>1906 May</i>		Month <i>May</i>		Day <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth- place <i>Potterville, Md</i>	
Occupation		Where Residing if not at place of death <i>Washington, D.C.</i>		Months <i>6</i>	
Married, Single or Widowed		Name of Wife or Husband		Days <i>6</i>	
Father's Name <i>William Adams</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Laura Davis</i>		Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Peter H Davis</i>		How related to deceased <i>undertaker</i>			

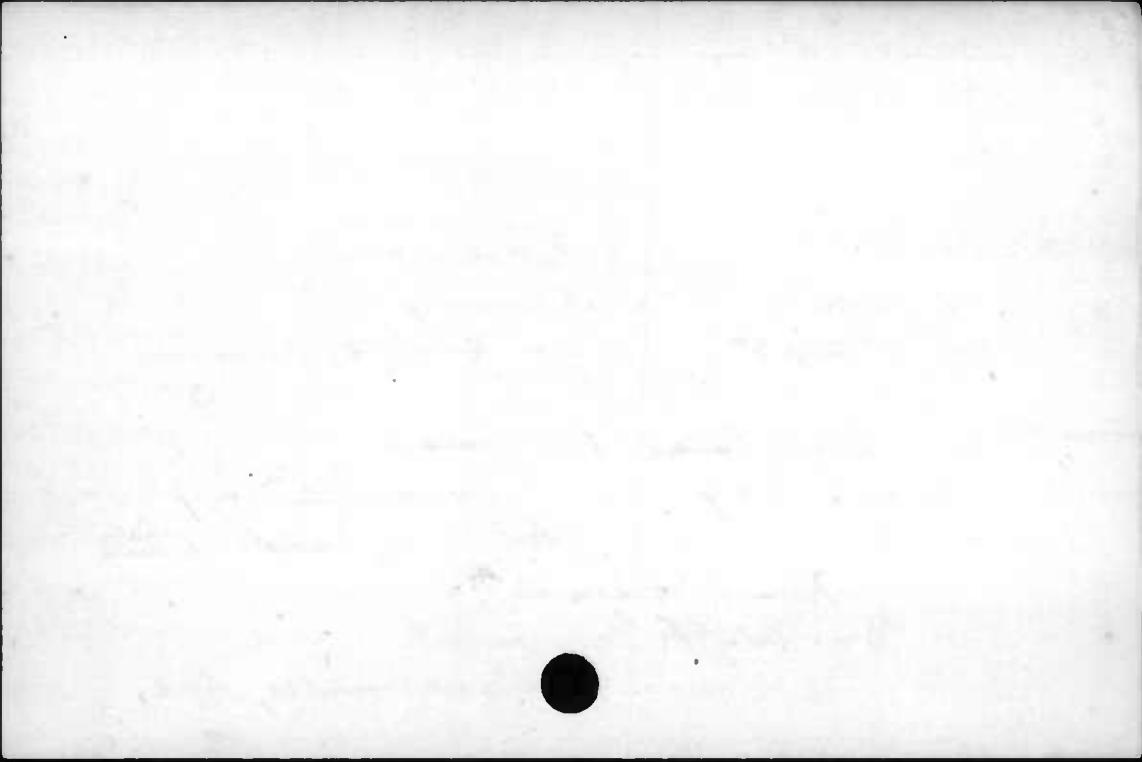
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>		How long <i>3 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. H. Platt sub reg</i>	
		Address <i>Potterville</i>	
Accident or Suicide?		<i>Md</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died <i>at Dansonville</i>		<i>Beggo</i>		<i>Unity</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>5</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Darlington Md</i>			
		Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
		Father's Name <i>Walter Beggo</i>		Father's Birthplace <i>Sauca Md</i>		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 2em; font-weight: bold;">179</div> </div>			
Mother's Maiden Name <i>Sadie Bennett</i>		Mother's Birthplace <i>Georgetown Md</i>							
Name of person giving information <i>Physician</i>		How related to deceased <i>—</i>							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Acute Inflammation</i>		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 2em; font-weight: bold;">181</div> </div>		How long <i>4 hrs.</i>			
		Immediate <i>Asphyxia</i>				How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. D. Boush M.D.</i>		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 2em; font-weight: bold;">182</div> </div>			
				Address <i>Dansonville Md.</i>					
		Accident or Suicide? <i>—</i>							



Name in Full

Certificate of Death

Mrs. Margaret Bowman

Town

County

Died at Brooksville Montgomery

MARYLAND

Date 1906 May 5th Age 62 Y. M. D. Native of Howard Co. Occupation Housewife

~~Male~~ White Married ~~Widowed~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Gustavas Bowman

Wife

Father's Name Rich^d. Day Mother's Name Lucetia Day

Cause of Death Primary Immediate Heart disease

How long sick, Sudden or death Immediate

Accident, Suicide, Homicide

Reported by Dr. W. F. Green

Address Brooksville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79208



Name
in
Full

Francis M. Cavanaugh

CERTIFICATE OF DEATH

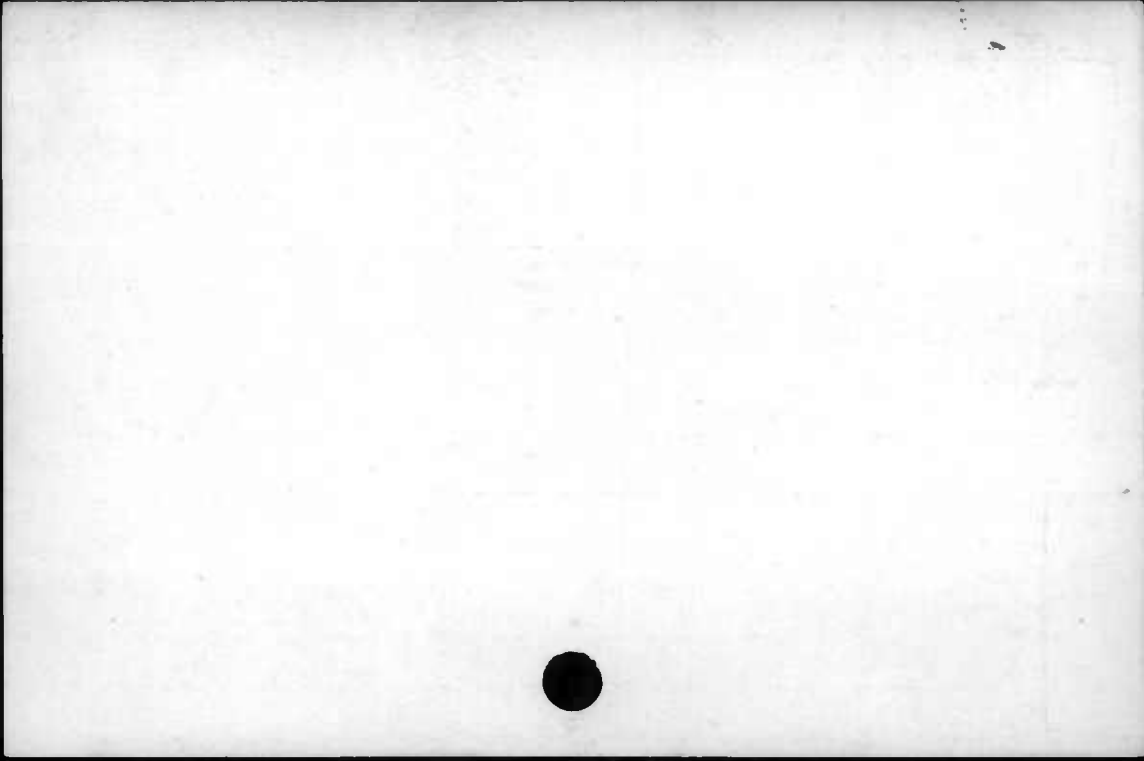
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Washington</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>10</i>	Age <i>23</i>	Years	Months <i>11</i>	Days <i>10</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Washington D.C.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Timothy Cavanaugh</i>			Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Ellen Murphy</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Joe B Cavanaugh</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Pulmonary Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>General Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Dyson M.D.</i>
	Address <i>Laytonsville</i>
Accident or Suicide? <i>Ind</i>	



Name
in
Full

Eunice D. Chisholm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Garrett Park ^{County} Montgomery MARYLAND

Date of death 1906 ^{Month} May ^{Day} 11 ^{Age} 87 ^{Years} 6 ^{Months} 0 ^{Days} 0

Sex Female ^{Color or Race} White ^{Birth-place} N.Y.

Occupation None ^{Where Residing if not at place of death}

Married, Single or Widowed ^{Name of Wife or Husband} Widowed

Father's Name ^{Father's Birthplace} Don't know

Mother's Maiden Name ^{Mother's Birthplace} " "

Name of person giving information ^{How related to deceased} Lucy Chisholm Daughter & Son

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Pulmonary congestion

Yes.



12 hrs.

H. T. Brown

Silver Spring

Md.



Name
in
Full

Basil B Crawford M.D.

CERTIFICATE OF DEATH

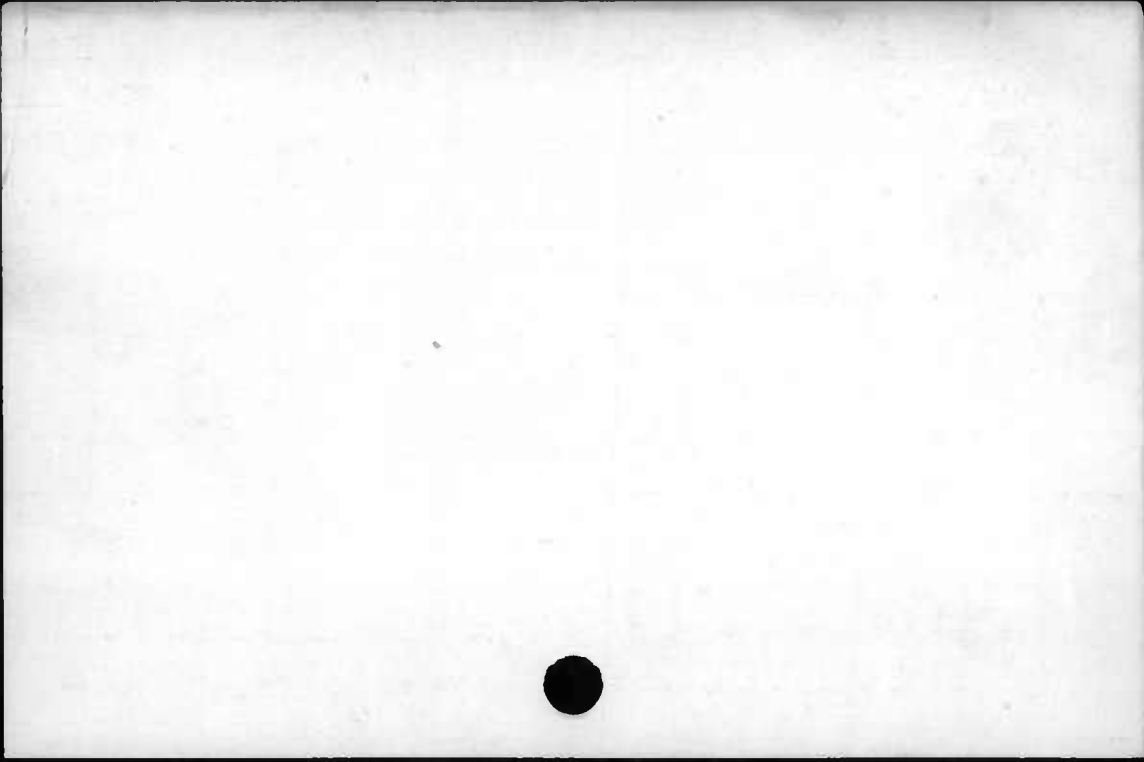
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Laytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1906	Month <i>May</i>	Day <i>4</i>	Years <i>73</i>	Age	Months <i>9</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>—</i>				
Occupation <i>Physician</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jemima E Crawford</i>					
Father's Name <i>Basil Crawford</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Arabella Cross</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>Mrs Blanche Bond</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency of Heart</i>	How long <i>several years</i>
Immediate <i>Pulmonary Hypertosis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V H Dyson M.D.</i>
	Address <i>Laytonville Md.</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

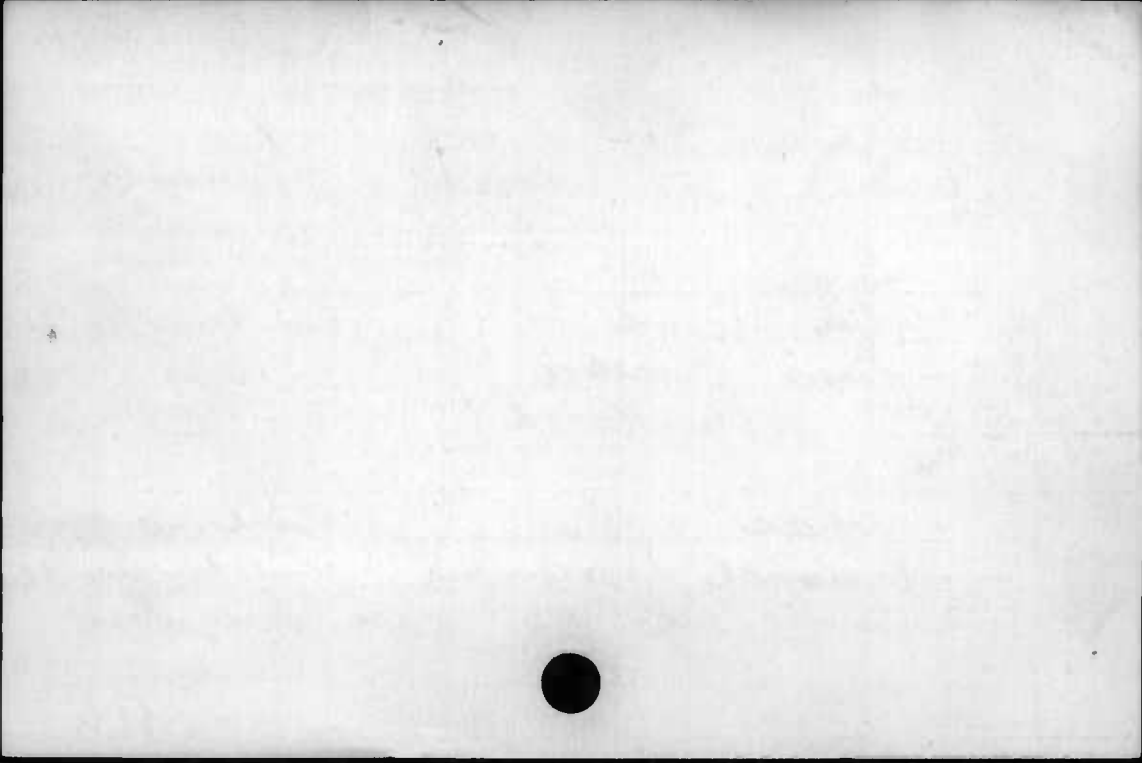
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cheneshine</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>2nd</i>	Age <i>62</i>	Years	Months <i>7</i>	Days <i>6</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Sunshine</i>				
Occupation <i>Farmer</i>			Where Residing If not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Hanson Groomes</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Henrietta Cashell</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Achrah Groomes</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arteric Disease</i>	How long <i>1 year</i>
Immediate <i>Apoplexy</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. B. Skinner</i>
	Address <i>Miller, Md</i>
Accident or Suicide?	



Name
In
Full

Earl Quincy Hood

CERTIFICATE OF DEATH

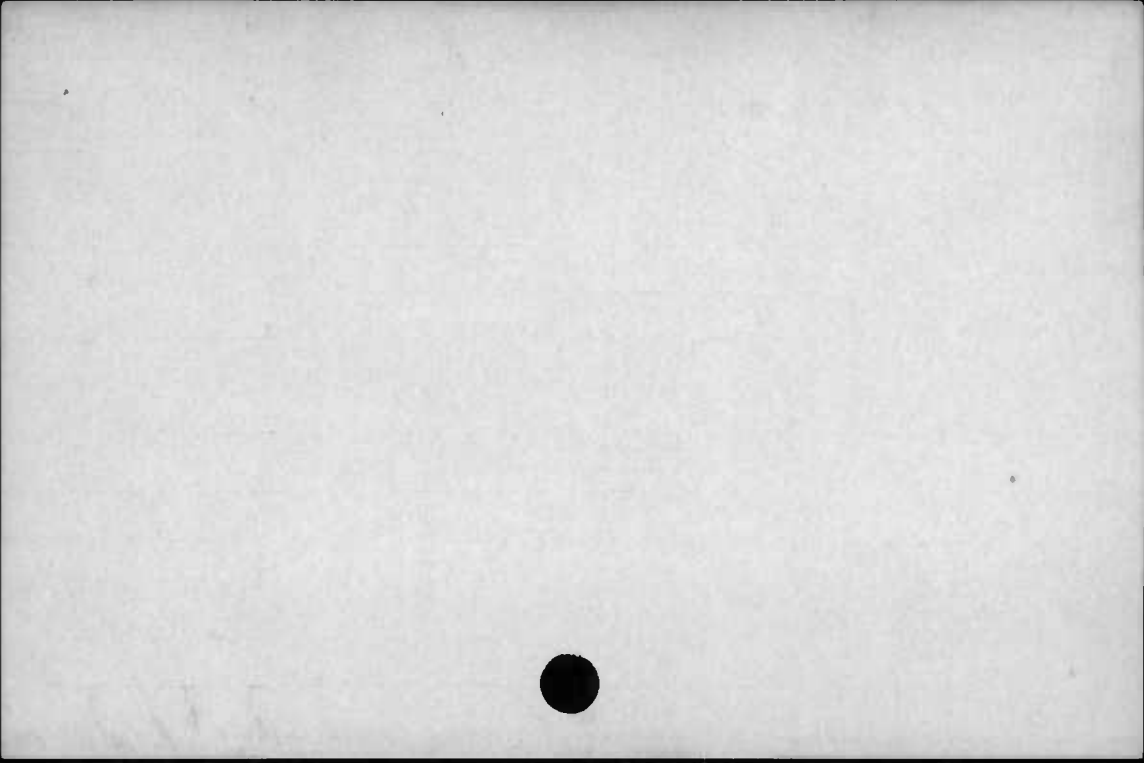
TO BE ANSWERED BY
NEAREST FRIEND

Died at, <i>Sandy Spring</i>		Town <i>Meoutgomery</i>		County		MARYLAND	
Date of death	1906	Month	May	Day	19th	Age	8
				Years	9	Months	—
Sex	Male		Color or Race	Colored		Birth-place	Meoutg. Co. Md.
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Single				
Name of Wife or Husband			—				
Father's Name				John Hood			
Father's Birthplace				Meoutg. Co. Md.			
Mother's Maiden Name				Susie Blackett			
Mother's Birthplace				Meoutg. Co. Md.			
Name of person giving information				John Hood			
How related to deceased				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scrofula	How long	About one year
Immediate	Meningeal Tuberculosis	How long	About two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. Farguehar.	
Address		Olney, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

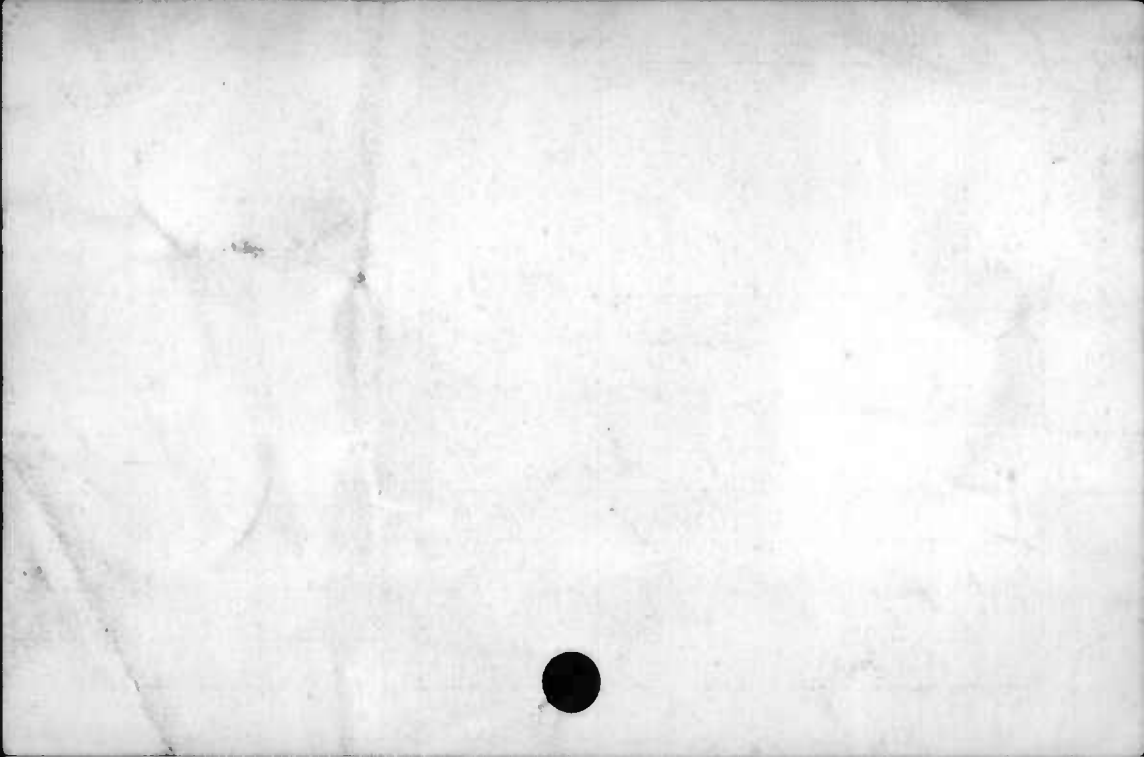
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

Dula R. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Kensington Mont. County

MARYLAND

Date of death 1906 May 1 Day 27 Age 2 Months — Days —

Sex Female Color or Race White Birth-place Na.

Occupation House-wife Where Residing if not at place of death Kensington, Md.

Married, Yes Married Name of Husband Dr. P. Jones

Father's Name George B. Taylor Father's Birthplace Va.

Mother's Maiden Name Elizabeth R. Moulden Mother's Birthplace Md.

Name of person giving information Dr. P. Jones How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tubercular peritonitis

Cardiac asthma

116

How long

5 1/2 days

1 day

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

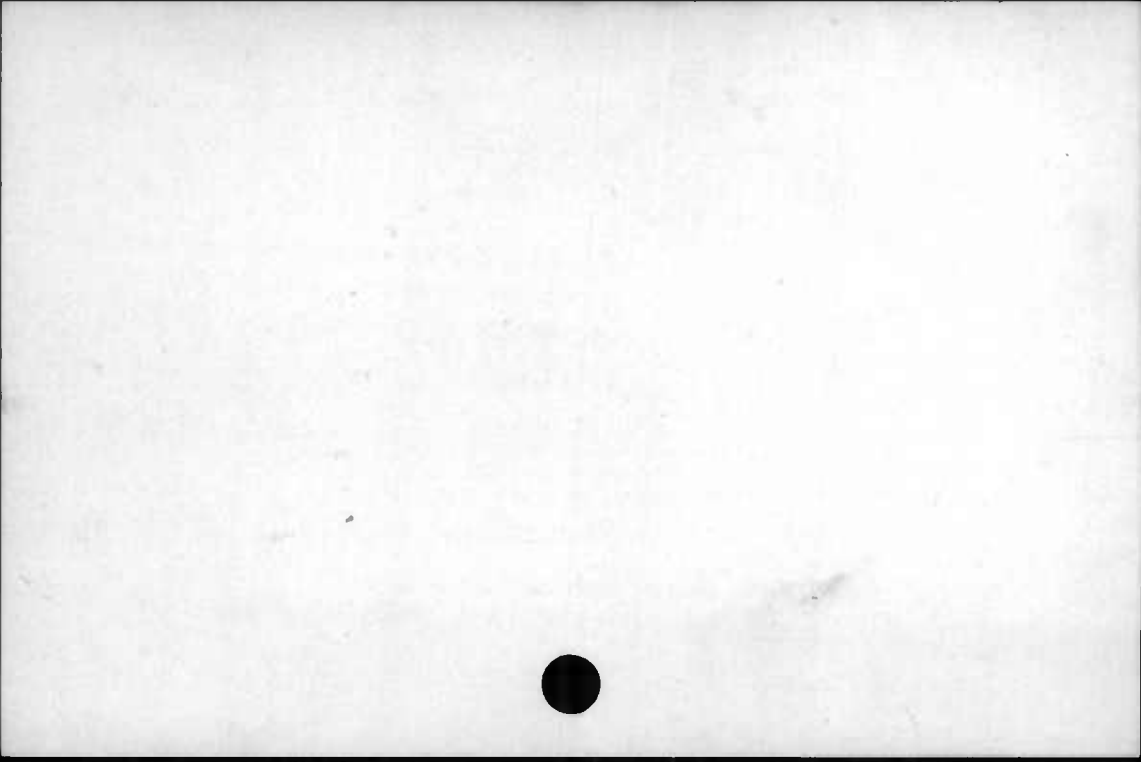
Address

W. R. Moulden, M.D.

1305-R. I. Ave.

Wash. D.C.

Accident or Suicide?



Name
in
Full

Elsie Jordan

CERTIFICATE OF DEATH

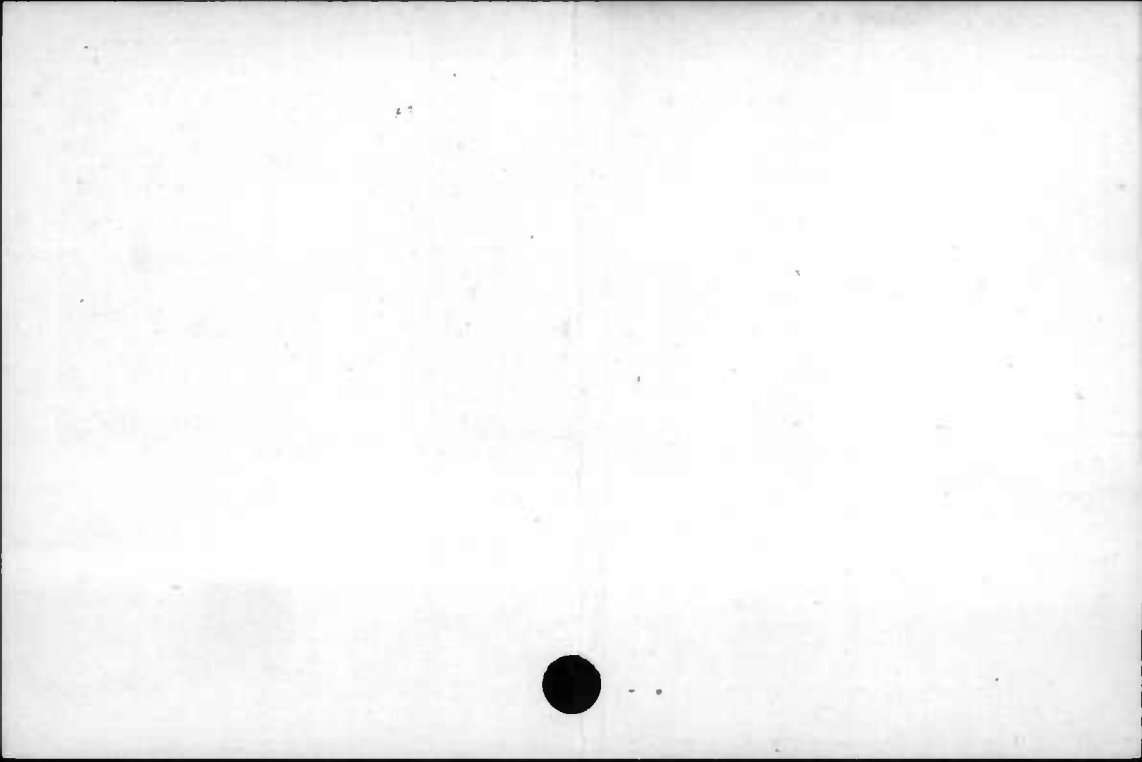
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Silver Spring		Montg.		Maryland	
Date of death		1906	May	12	Age	14	Months 0 Days 0
Sex		Female		Color or Race		White	
Occupation		None		Birth-place		Va.	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		H. M. Hane Jordan				Father's Birthplace	
Mother's Maiden Name		Alice R. Ceresa				Mother's Birthplace	
Name of person giving information		H. H. Jordan				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pulmonary Tuberculosis		How long		3 mos	
Immediate		Asphyxia		How long		24 hrs	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. T. Brown	
				Address		Silver Spring	
						Md	
Accident or Suicide?							



Name
in
Full

Lusitana Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>First Gen</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND		
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>13</i>	Age <i>26</i>	Months <i>1</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>MD</i>			
Occupation <i>none</i>			Where Residing If not at place of death <i>✓</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>				
Father's Name <i>Geo. Lancaster</i>		Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Celia Lancaster</i>		Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Celia Lancaster</i>		How related to deceased <i>mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>2 days</i>
Immediate <i>Heart Failure</i>	How long <i>few min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>
	Address <i>Kensington</i>
Accident or Suicide? <i>✓</i>	



Samuel H. Hill

CERTIFICATE OF DEATH

MARYLAND

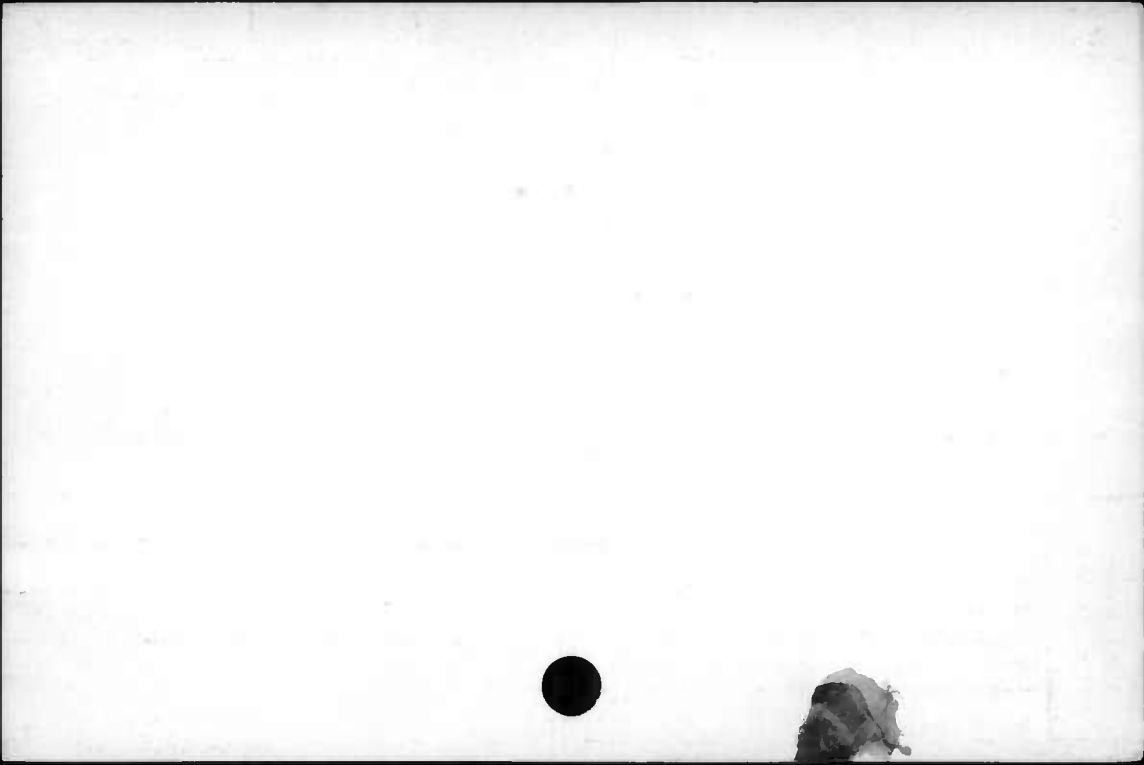
Died at <i>near Derwood</i>		Town <i>Monrovia</i>		County <i>Montgomery</i>		STATE OF MARYLAND	
Date of death 190 <i>6</i>	Month <i>5</i>	Day <i>10</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>	Days	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>— Thomas Male</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Isabel Davis</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

Primary	Putridity of a Tubercular		How long	1 mo
Immediate	Mucinosities		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	O M. L. Cheimund
			Address	Roadville Ind
Accident or Suicide?		X		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Buckhorn</u> ^{Town}		<u>Montgomery</u> ^{County} MARYLAND	
		Date of death <u>1906</u> ^{Month} <u>May</u> ^{Day} <u>27</u>		Age <u>84</u> ^{Years} <u>—</u> ^{Months} <u>—</u> ^{Days}	
		Sex <u>Female</u>		Color or Race <u>Black</u>	
		Occupation <u>Cook</u>		Birthplace <u>Maryland</u>	
		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Not known</u>	
		Father's Name <u>Not known</u>		Father's Birthplace <u>Not known</u>	
		Mother's Maiden Name <u>Not known</u>		Mother's Birthplace <u>Not known</u>	
Name of person giving information <u>Berger Wiley</u>		How related to deceased <u>Grandson</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Gangrene</u>		How long <u>Three months</u>	
		Immediate <u>—</u>		How long <u>—</u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Stonestreet</u>	
		<u>Barnesville</u>		Address <u>Maryland</u>	
		Accident or Suicide? <u>"</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Wheaton

Town

County

Montgomery

MARYLAND

Date

of death 1906

Month

May

Day

10

Age

Years

—

Months

1

Days

26

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henson Norris

Father's
Birthplace

Md.

Mother's
Maiden Name

Sarah Kelley

Mother's
Birthplace

Md

Name of person giving
In formation

Henson Norris

How related
to deceased

Father

CAUSES OF DEATH

Primary

Malaria

(151)

How long

since birth

Immediate

Exhaustion

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. L. Lewis

Address

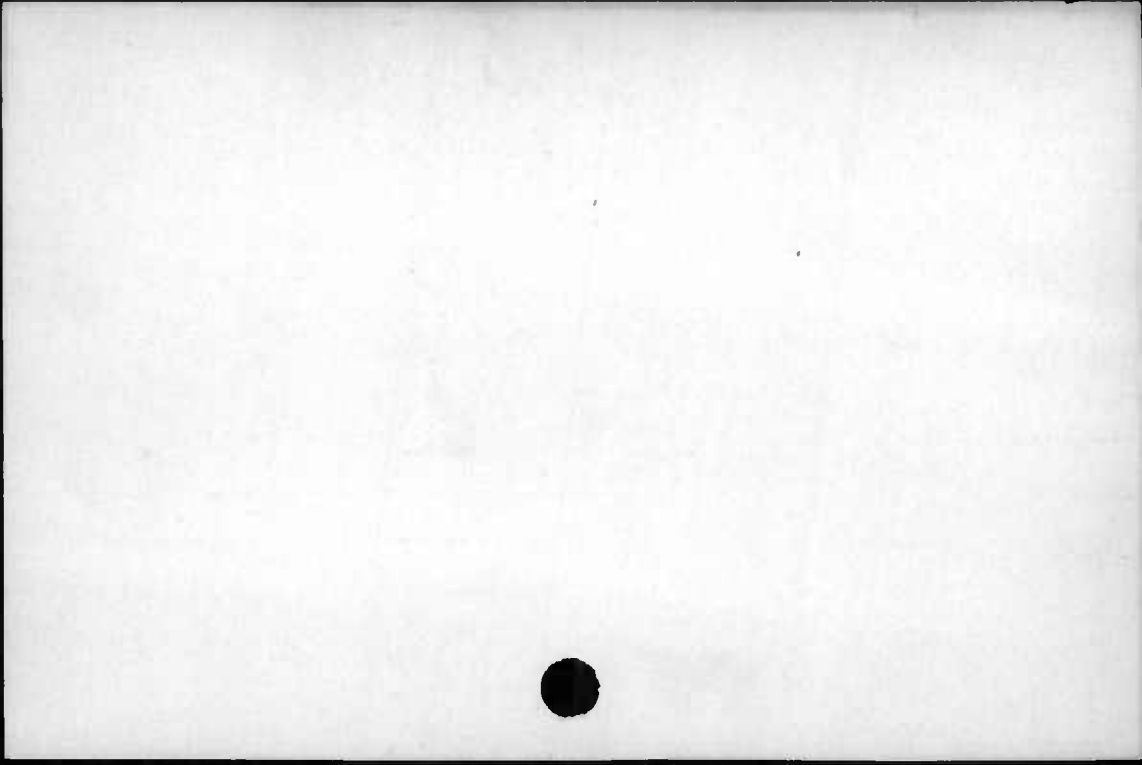
Knoxington

Md

Accident or Suicide?

✓

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

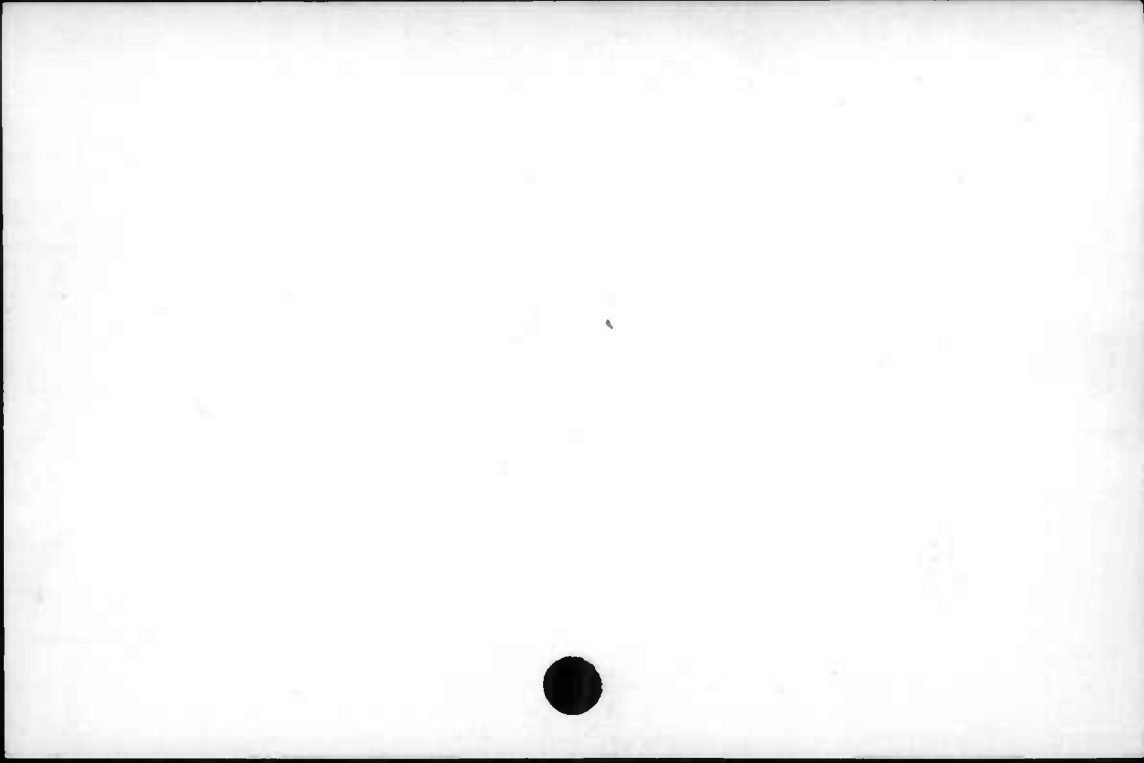
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Benjamin R Poole</i>		Town <i>Martinsburg</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Martinsburg</i>		Month <i>May</i>		Day <i>16</i>		Age <i>75</i>	
Date of death <i>1906 May 16</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>	
Occupation <i>farmer</i>		Where Residing If not at place of death <i>Martinsburg Ind.</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Jane Elgin</i>	
Father's Name <i>Benjamin Poole</i>		Father's Birthplace <i>Ind.</i>		Mother's Maiden Name <i>Willie Mauley</i>		Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>Mrs Jane Poole</i>		How related to deceased <i>wife</i>					

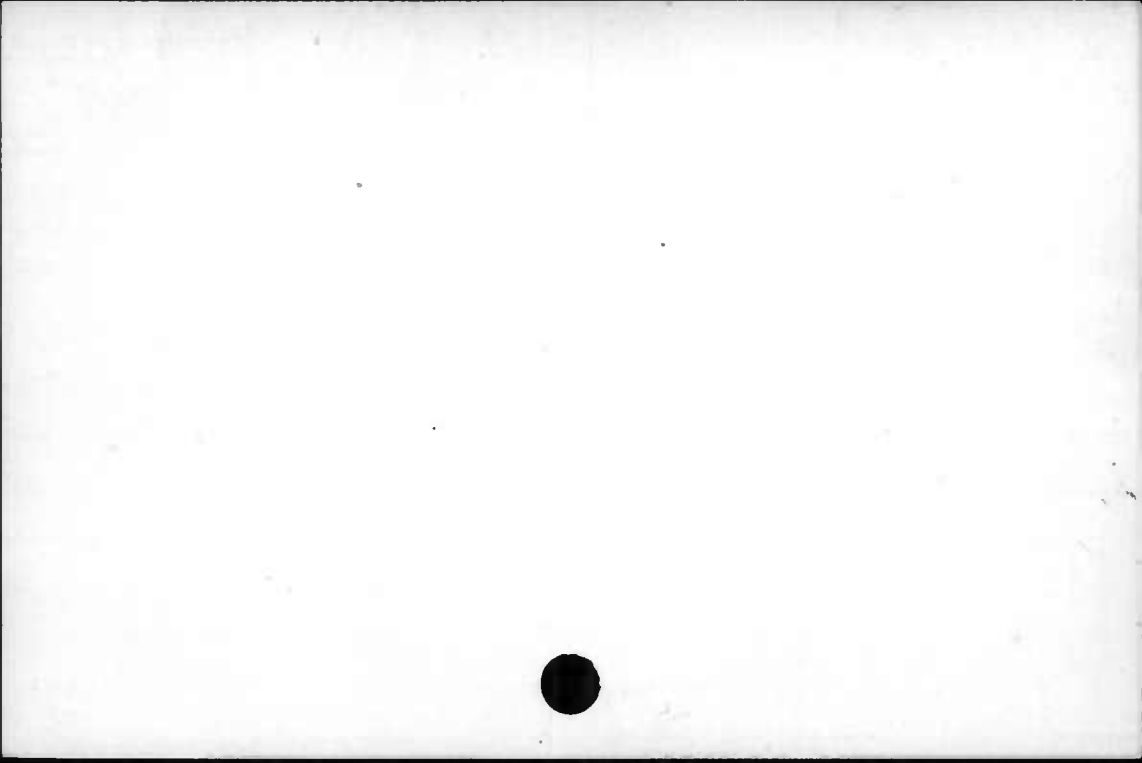
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apooplexy</i>	How long <i>64</i>	How long <i>one week</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Poole</i>	
	Address <i>Pooleville Ind.</i>	
Accident or Suicide <i>2</i>		



Name in Full		Augustus Proctor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Polkville</i>		Town <i>Polkville</i>		County <i>Montgomery</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>May</i>	Day <i>24</i>	Age <i>18</i>	Years <i>18</i>	Months	Days
	Sex <i>male</i>		Color or Race <i>negro</i>		Birth-place <i>Polkville</i>		
	Occupation <i>laborer</i>			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name <i>Albert Proctor</i>			Father's Birthplace <i>Polkville</i>			
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Leah Lyas</i>			Mother's Birthplace <i>Polkville</i>			
	Name of person giving information <i>Peter H Davis</i>			How related to deceased <i>undertaker</i>			
	CAUSES OF DEATH						
	Primary <i>Consumption - lung</i>			How long <i>3 months</i>			
Immediate			How long				
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>R. H. G. sub-reg</i>				
			Address <i>Polkville Md</i>				
Accident or Suicide?							



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

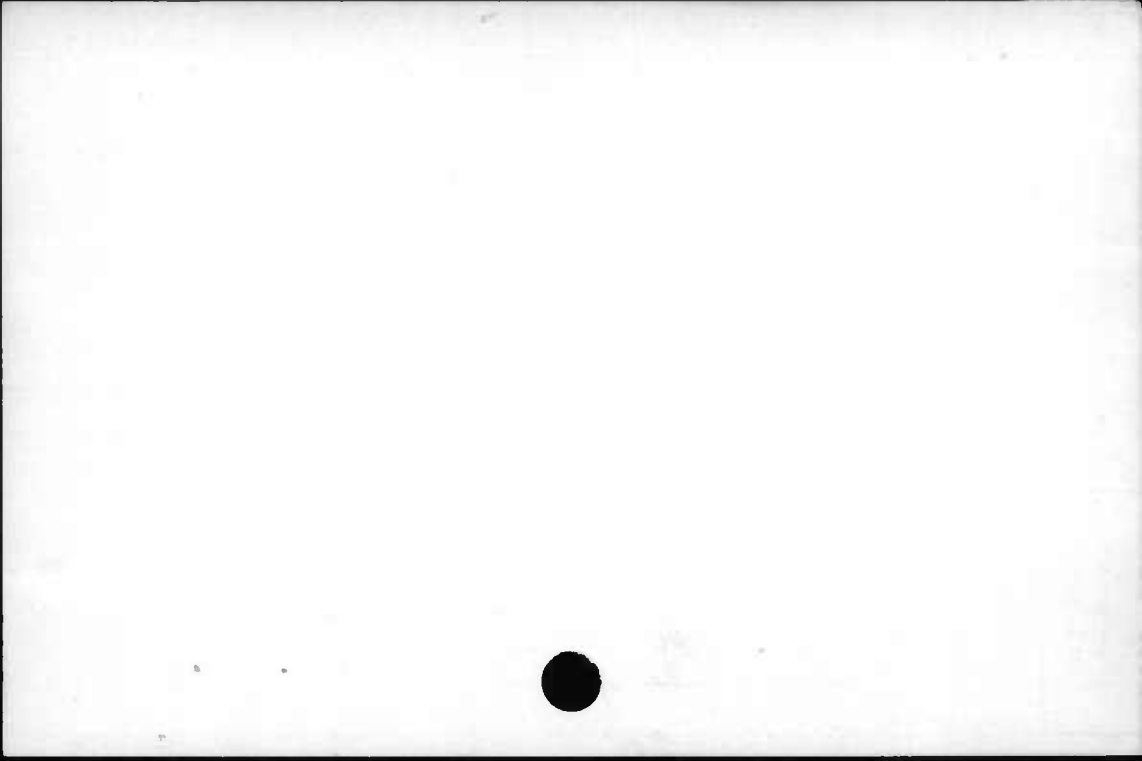
MARYLAND

Died at <i>Polisville</i> ^{Town}		<i>Montgomery</i> ^{County}			
Date of death <i>1904</i>	Month <i>May</i>	Day <i>11</i>	Age <i>80</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Clarkeburg Md</i>		
Occupation		Where Residing if not at place of death <i>Polisville Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Francis Pyles</i>			
Father's Name <i>James B Bell</i>			Father's Birthplace <i>Clarkeburg</i>		
Mother's Maiden Name <i>Margaret Edmondson</i>			Mother's Birthplace <i>Rockville</i>		
Name of person giving information <i>J E Pyles</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>10 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R E Galt</i>
	Address <i>Polisville Md</i>
Accident or Suicide?	



Name
In
Full

Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Martinsburg</i>		Town <i>Montgomery</i>		County	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>		Color or Race <i>Negro</i>		Birthplace <i>Martinsburg</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Simms</i>			Father's Birthplace <i>Martinsburg</i>		
Mother's Maiden Name <i>Ella K Jenkins</i>			Mother's Birthplace <i>Martinsburg</i>		
Name of person giving information <i>John Simms</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Little sub-reg</i>
	Address
Accident or Suicide?	



Name in Full		Jno. Thomas Jr.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 190		6	Month	May	Day	17
	Age		27	Years	Months	Days	
	Sex	male	Color or Race	Colored	Birthplace	Md	
	Married, Single or Widowed	married	Occupation	Laborer			
	Name of Wife or Husband						
	Bessie Alexandr						
PHYSICIAN OR CORONER	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
	wif				27		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Pulmonary Tuberculosis				2 mos		
	Exhaustion				How long		
	Immediate						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
Accident or Suicide?							



Name
in
Full

Laveria Thornton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brookville</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>18</u>	Age <u>2</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Brookville</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>Brookville</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Hanneth A. Thornton</u>			Mother's Birthplace <u>Montg. Co</u>		
Name of person giving information <u>Beverly Thornton</u>			How related to deceased <u>Grandfather</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Scrophulosis</u>	How long <u>(35)</u>
Immediate <u>Pneumonia</u>	How long <u>8 or 10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. W. F. Green</u>
	Address <u>Brookville, Md.</u>
Accident or Suicide? <u>—</u>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Mary Washington		County		MARYLAND
	Died in <u>Greenmount</u> Town		County <u>Prinity</u>		
	Date of death 190 <u>6</u>	Month <u>4</u>	Day <u>13</u>	Age Years <u>2</u>	Months <u>—</u> Days <u>—</u>
	Sex <u>Female</u>	Color or Race <u>Negro</u>	Birthplace <u>Richville</u>		
	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		
PHYSICIAN OR CORONER	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		
	Father's Name <u>Peter Washington</u>		Father's Birthplace <u>Prinity</u>		
	Mother's Maiden Name <u>Laura Holly</u>		Mother's Birthplace <u>—</u>		
	Name of person giving information <u>Physician</u>		How related to deceased <u>—</u>		
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <u>Marasmus</u>		How long <u>6 mo.</u>		
	Immediate <u>Acute Meningitis</u>		How long <u>2 da.</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>U. D. House M.D.</u>		
			Address <u>Darsonville Md.</u>		
	Accident or Suicide? <u>—</u>				

